



KY IRP APPORTIONED REGISTRATION SUPPLEMENTAL APPLICATION  
**SCHEDULE G**

TC 95-303G  
Rev. 1/08

IRP #: \_\_\_\_\_

Fleet #: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Have you ever apportioned registered this or any other vehicles in Kentucky? ☐ Yes ☐ No

If yes, under what name were they registered? \_\_\_\_\_

If yes, what was the last date of registration? \_\_\_\_\_

If you have not been IRP registered in Kentucky, have you been IRP registered in any other state? ☐ Yes ☐ No

If yes, which state? \_\_\_\_\_

If you are estimating mileage for a first time or for expanded operations you must complete this form to justify your estimates. In accordance with the IRP agreement, your estimates may be adjusted if they do not appear to be reasonable.

An estimated mileage chart is available for your use if you are not sure of what your operations are going to be. The chart mileage is determined based on actual operations of other carriers registered in Kentucky. If the mileage estimate is not reasonable, the chart mileage will be used.

If you are using your own estimates, you must complete the following for each state:

State: \_\_\_\_\_

Mileage		No. of Trips		Vehicles		Total Est. Mileage
_____	X	_____	X	_____	=	_____

List routes of travel: \_\_\_\_\_

\_\_\_\_\_

State: \_\_\_\_\_

Mileage		No. of Trips		Vehicles		Total Est. Mileage
_____	X	_____	X	_____	=	_____

List routes of travel: \_\_\_\_\_

\_\_\_\_\_

State: \_\_\_\_\_

Mileage		No. of Trips		Vehicles		Total Est. Mileage
_____	X	_____	X	_____	=	_____

List routes of travel: \_\_\_\_\_

\_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_